

ADOLESCENT PREGNANCY IN THE REPUBLIC OF MOLDOVA

QUALITATIVE STUDY



EXECUTIVE SUMMARY

The goal of the qualitative sociological study is to explore and identify the key factors and behavioral patterns that lead to adolescent pregnancy, thus helping to identify the necessary interventions to prevent them. The study was based on 5 focus groups (2 with adolescents and 3 with specialists) and 68 in-depth interviews with young girls with pregnancy experience under age of 18 years, with the male partners of the young girls, the parents of adolescents and adolescents with pregnancy experience at age under 18 years old, specialists who had experience in teenage pregnancies in the past 3 years. For the collection of data, an interview guide adapted to each category of respondents was used. Data collection took place between December 2018 and March 2019.

1. Sexual and reproductive education and information on contraceptive methods is still a taboo subject in families, schools and communities, it does not provide neutral or positive information about sexuality, it has little emphasis on the development of negotiation skills for protected sexual relations.

- In the family, the sexual and reproductive education of teen girls and boys is at low level and is still a difficult subject of discussion between parents and children, both for girls and for boys, and focuses rather on generalities and warnings than on providing information to empower young people to have safe behaviors and prevent pregnancy among adolescents.
- Young people mentioned that the quality of teaching vary and are superficial, as a result of which their effectiveness in developing capacities to have protected sexual relations is low.
- The interviewees most often learn about the sexual life debut, sexual and reproductive functions of the human body, and other sexuality issues from discussions with third parties or from the Internet, which often gives misleading information. The majority of the teenage girls, at the time of pregnancy, were not familiar with the signs of a pregnancy.

2. The study data reveals large gaps in the level of information about methods of contraceptive, from total lack of information on this subject to vast knowledge, while erroneous information lead to low use of contraceptive methods, including after birth.

- The young people's knowledge about contraceptive varies; girls who went through pregnancy are better informed in cases when they had been in contact with doctors as a source of information. In terms of attitude, boys consider contraception unnecessary more often than girls, relying on ineffective natural methods, and girls have limited capacity to negotiate the use of birth-control methods, relying on the stories and actions of their sexual partners.
- Similar to the previous generations (attested by the studies conducted in the 1990s), adolescents in the Republic of Moldova consider interrupted coitus as a method of birth-control, and the most popular method of contraception is condom-use while there is limited and erroneous knowledge about other forms of modern contraception and reticence about oral contraception. Being informed about modern birth-control methods does not lead to their use, and half of the teenagers have never used condoms, thus being at risk of being infected with Sexually Transmitted Infections (STIs) and HIV / AIDS.

3. The occurrence and evolution of adolescent pregnancy is determined by a combination of complex factors: the lack of knowledge and use of birth-control methods, the lack of understanding of possible consequences, passive behavior in the use of contraceptive methods, and sexual abuse.

- One factor that determines occurrence of pregnancy is the ignorance regarding the consequences of unprotected sex at the first sexual intercourse or otherwise, the level of knowledge being so low that girls realized they were pregnant when they felt their fetal movements. These facts denote a deep misunderstanding of sexuality and reproduction by adolescents, while the conservative context leads to the lack of basic discussions about the reproductive and sexual activity with young people and children in all environments - educational, family, community.
- Another set of motivations are related to the active desire to have a child at a young age which is determined by the situation in the family of origin and the need to escape from difficult life situations.

- Sexual abuse of adolescents, especially those from vulnerable families, is apparently a widespread practice in our society, a large number of interviewed young girls remained pregnant after sexual intercourse without consent with older men. Often these youngsters are threatened or subjected to pressure from the family and community members, and aggressors are not held accountable for the committed act.
 - Some of the teenage pregnancies were wanted and the reasons varied, including the belief that the birth of a child at the age of 18-19 is not considered undesirable or exceptional, the religious or ethnic factors, but these pregnancies were not planned anyway.
4. The occurrence of pregnancy in adolescents most often causes negative feelings and a delay in notification or addressing to necessary services.
- The girls' most predominant feelings when they became aware that they are pregnant were most often negative as fear, dread, shame, concern.. The exception were the young girls who wanted a child at that age and were happy to learn the news.
 - Negative feelings and fear of community disapproval often cause delays in announcing the family members of the pregnancy or in referral to the services available in the locality.
 - Young people who were interviewed (the young girls' partners) most often experienced positive emotions and were not subjected to societal disapproval.
5. Currently, abortion is considered by community a solution of last resort and a pregnancy ending with the birth of a child to a teenage girl in vulnerable conditions is perceived by both the community and the providers as a more acceptable solution than abortion. The abortion experience in minors is even a more sensitive subject than birth at a young age.
- The identified cases of abortion were mainly determined by repeated pregnancy in adolescence or pregnancy because of an occasional relationship or rape.
 - A number of adolescent girls who ended their pregnancy with birth considered the possibility of abortion but gave up this idea either from personal beliefs or under the pressure of the partner or parents who encouraged them to keep the child or following the counseling by a health worker.
6. Most of the young girls were not prepared for the birth of the child and, with birth, the lives of many of them have changed substantially, most of them taking the responsibility for childcare and housework, abandoning studies and being the target of negative attitudes in the community.
- The vast majority of adolescents were neither physically nor psychologically prepared for the birth, and many had negative birth experiences.
 - Some adolescents have benefited from the support of their relatives and partners or specialized services in raising and caring for children.
 - After giving birth, the life of the young girls has undergone a number of substantial changes, including early maturity (multiple responsibilities and domestic work), interruption of studies, financial difficulties and other negative consequences.
 - The study found that for adolescents under 18 years old who had the pregnancy experience, parents' attitude and insistence on continuing their studies had a significant role. Family support is a key indicator in continuing or resuming the girls' education.
7. Mostly the teenagers are satisfied with the local medical services they received during the pregnancy monitoring and later with the medical services for childcare. At the same time, the counseling capacity to help young people make a decision to actively use birth-control methods is limited.
- Healthcare professionals are the most reliable source for providing pregnancy prevention services but also managing the situation, including antenatal and postnatal examinations. Local nurses are the main entities and primary source of access to all sexual and reproductive services for teenagers, from prevention to childcare.
 - Even though adolescents and couples get to know more about birth control methods after giving birth, they do not take an active stand on the need for contraception and the prevention of other pregnancies. The counseling capacity is influenced by the personal, religious, cultural beliefs of medical workers, affecting the effectiveness of reproductive health programs in adolescents.

METHODOLOGICAL ASPECTS

The qualitative sociological study aimed at exploring and identifying the key factors and behavioral patterns that lead to teenage pregnancies, thus helping to identify the necessary interventions to prevent them.

The study was conducted based on a protocol that described all the stages of implementation, the conditions of participation in the study, the characteristics of the respondents, the method of recruitment and the ethical aspects. Each study participant received and signed (directly or indirectly) the informed consent. Interview guides were developed for data collection, tailored to each category of respondent. The study protocol together with the informed consent and the interview guides were submitted for examination and approval to the National Committee for Ethical Expertise of Clinical Trial.

The qualitative study covered: 5 Focus Groups (2 with adolescents and 3 with specialists) and 68 in-depth interviews with the target categories.

The snowball method has been used to select participants in group discussions: adolescents and specialists. Respondents were invited from across the country. The basic criteria for adolescent selection were: sex, age and living environment, and for the recruitment of specialists: years of service, work experience with pregnant teenagers and the working environment. The criterion of group heterogeneity was respected due to the selection of respondents by residence area and geographical distribution: 30% south, 30% north, 40% center.

The “*snowball method*” was also used during the in-depth interviews to include in the sample different categories of teenagers, who:

- re pregnant / gave birth / had an abortion / had a miscarriage (lost their pregnancy);
- belong to specific groups: religious cults and/or ethnic minorities;
- abandoned/continued their studies;
- marital status: single/cohabiting with a partner/ married;
- different socio-economic status, have a good financial situation, can meet their daily needs or belong to socially vulnerable families according to the financial criterion: the average income per family member does not exceed 2000 lei (the minimum subsistence for 2018 being of 1895,7 lei) .

The partners of the young girls who had the experience of pregnancy before the age of 19 years old were recruited based on the agreement through the young girls.

The interviewed specialists were selected based on working experience with adolescent pregnancies in the last 3 years, and some were selected through recommendations during data collection process. The main criterion was working experience with adolescents.

The research tool had the following structure: knowledge regarding sexual education, practices and knowledge of contraceptive methods, pregnancy experience, assessment of quality of life. In the case of in-depth interviews, the guides were tailored to each discussion, depending on the interviewer’s experience. For adolescent group discussions, the “story” (vignettes) technique was used to make the adolescents feel free to talk. The stories have led respondents to share their own opinions, but also to bring examples of teen pregnancy in the community.

The data were collected between December 2018 and March 2019.

Ethical principles have been incorporated into all stages of the study: data design, collection and analysis, drafting of the report, communication of the results. In each of these stages, our researchers:

- **Are cautious and protective:** the well-being of the respondents is the most important consideration.
- **Are receptive and flexible:** they take into account the social context, the socio-economic situation and the cultural norms of the respondents and adapt research tools to this context.
- **Ask for informed consent.** Consent means that people willingly accepted to participate

1 <http://www.statistica.md/newsview.php?l=ro&idc=168&id=6129>

in the research. Consent is informed because people understand what the purpose of the research is and how the information they provide will be used.

- **Respect the confidentiality:** they will not disclose the personal information of the respondents or information that could easily contribute to the identification of the respondent.
- **Show accountability and transparency:** they will ensure the beneficiary's access to all stages of the research, but without affecting the privacy and personal integrity of the respondents.

Study limitations

- The findings of this qualitative study present phenomena, trends and explain the behaviors analyzed within interviews and cannot be generalized;
- During the recruitment process, the access to the partners of the young women who had the pregnancy experience was limited for a variety of reasons: a) they are abroad, b) are reluctant to participate in the study, for being involved in relationships with a minor and some of them have or had problems with the police c) do not keep in touch with the teenage girls after pregnancy;
- Access was also restricted in case of girls who underwent an abortion, as the topic is taboo in society and "it's out of discussion", and referrals to specialist doctors are confidential;
- Some adolescents who had married or were about to marry the child's father, for the most part, consider that they should not participate in the study because they meet the accepted social norms, their parents having similar preconceptions;
- The flow of staff among social workers is relatively high, which has made it difficult to identify social workers with experience in working with pregnant teens;

CONCLUSIONS

Sexual and reproductive health education

Sexual and reproductive health education of adolescents in the family is mostly at a low level and focuses predominantly on girls' talks about the menstrual cycle and the importance of virginity and the possibility of pregnancy. Very little is discussed with adolescents about birth-control methods or about how to prevent unplanned pregnancy and sexually transmitted diseases. Shame is predominant in parent-child approach to sexuality issues, yet more teenagers would like parents to discuss these topics with them.

Despite the fact that since 2015 the "Education for Health" was introduced as an optional class within the general education curriculum, for certain reasons, few teenagers have access to this course. In most educational institutions, lessons and seminars on sexuality, puberty, menstrual hygiene, prevention of sexually transmitted infections were organized and few adolescents received information on contraception. Many of the teenage respondents participated in information activities within the educational institution conducted by volunteers, outside school experts. The biggest problem of information within educational institutions is the sporadic character of the transmission of information to students, one of the causes being the optional status of health education. As a result, knowledge development and behavior change are not successful, which should be the result of systematic, yearly and age-appropriate information. That is the reason why the students do not implement the information, even when they hear it.

Teachers in educational institutions are often not sufficiently prepared to discuss issues related to sexuality and contraception with students. Some are even reluctant to certain topics such as the use of condoms, the practical demonstration of its use.

For some adolescents, especially those from vulnerable families, their friends and online information are the main sources of information regarding sexuality issues. Some have mentioned that these sources cannot always be trusted and they should consult a specialist for certain decisions.

Knowledge and Practices regarding Contraception

There are enormous discrepancies in teenagers' level of information about contraceptive methods, from lack of knowledge on this subject to vast knowledge. The knowledge on pregnancy prevention depends on respondents' level of education (a lower level of education correlates with minimal knowledge), previous pregnancy experience, a teenager is more informed especially if she was consulted by a specialist.

The methods of unwanted pregnancy prevention mentioned by practically all respondents, regardless of gender and age, are coitus interruptus and condom. A lot of teenagers also know about IUD and contraceptive pills. If IUD is perceived as a traditional method used by several generations of women, the oral contraceptive pills are regarded with reticence by teenagers with concerns about possible adverse effects: weight gain, excessive hairiness, infertility risk, and so on.

From knowledge of methods of contraception to accountable behavior is a long way. Although the vast majority of adolescents know about condoms and the risks of unprotected sex, few adolescents use condoms and very few use/used it in every sexual relationship. The frequent causes of condom less sexual intercourse are: alcohol consumption, more pleasant sensations without a condom, unavailability of condom at the moment (shame/unaffordability, etc.), but also the confidence that they will not suffer consequences.

Pregnancy

Factors that cause pregnancy in adolescents are usually multiples, but mostly come down to unprotected sex. In large part, adolescents had unplanned and unwanted pregnancies and did not expect that after such a short period from the sexual debut they may become pregnant. Some of the teenagers who want or accept their pregnancy from ethnic or religious beliefs think that the initiation of sexual activity must be after the wedding and thus they do not protect themselves until the pregnancy occurs.

The study found that the situation in the home family may predispose teenagers to early pregnancy. Thus, in the risk groups are the teenagers who: come from socio-economically **vulnerable and troubled families** (alcohol abuse of parents, verbal and physical violence in the family, mother with multiple partners etc.); do not feel comfortable in their family - where the **parents divorced or one of the parents passed away**, where one of the parents has restored his/her life with another partner; where parents **went to work abroad**; families where **parents are very strict with girls** and more lax with boys. Some parents from vulnerable families accept and encourage young girls to have partners who would take responsibility for taking care of the teenager.

Personal factors that contribute to pregnancy among adolescents include: emotional predisposition (feeling unloved, lack of understanding, loneliness); the desire to create a family; lack of interest or opportunities for professional development; older partners as well as certain behaviors including: ignoring/rejection of certain forms of birth-control protection and trusting the partner by delegating responsibility and taking the responsibility for protection by the partner; alcohol abuse.

The sexual abuse of adolescents, particularly of those from vulnerable families, seems to be a widespread practice in our society, which is little talked about and appears in the spotlight mainly when rape is followed by pregnancy. The study found that few of the abusers are held accountable for the committed act, and in many situations, adolescence is re-victimized by repeated abuse and/or pressure from family members, society, law enforcement bodies.

The vast majority of adolescents experienced feelings of **fear and dread** when they realized they were pregnant, with the exception of those who wanted a baby and enjoyed hearing the news. **Shame** is another experience that grinds young girls. For some adolescents, both girls and boys, the news that they would become parents worried them from the existential perspective, posing question about how they would financially secure the family, whether they could continue their studies, etc.

Several respondents, both young mothers and their partners, reported that they needed psychological, emotional support during pregnancy from the family, but those who enjoyed a supportive attitude from their parents/guardians are in the minority. At the same time, some parents, of both girls and boys, feel guilty for the early pregnancy of the minor, mentioning that they could have prevented it. The most of young girls realized that they are pregnant at a term of more than three months of

pregnancy. Some young girls realized they were pregnant only when the baby began to move, earlier thinking they had some health problems. Several adolescents mentioned that they had told their parents and had seen a doctor on a later term for fear of being forced to discontinue the pregnancy.

Abortion

Recourse to abortions in the identified cases was mainly for the following reasons: pregnancy occurred after a short (under one year) period from the first birth and girls were worried about the ability to take care of two little kids; the unplanned pregnancy caused by an occasional sexual intercourse or rape. In the case of teenagers with a permanent partner, the decision to interrupt the pregnancy was a desire to continue their studies and/or perceptions about the lack of socio-economic opportunities to raise a child.

Many of the young girls have thought about the possibility of interrupting the pregnancy but gave up this idea being concerned that they would not be able to become mothers in the future and/or at the insistence of the partner and/or parents to keep the baby. The need for parents' and carers approval to interrupt pregnancy in adolescents below the age of 16 and advanced term of pregnancy was also a reason for giving up abortion. Other barriers voiced by teenagers refer to religion – it's a sin; reading/viewing anti-abortion information; lack of financial resources, etc.

Childbirth and childcare

The vast majority of adolescents were neither physically nor psychologically prepared for the birth process. The experience of giving birth to some young women was traumatic, especially if they did not benefit from the appropriate support of the specialists.

Some teenagers have benefited from the support of their mothers, mothers-in-law, grandparents and/or partner in raising and caring for the child. In the case of some teens, their partners had the experience of caring for children from previous relationships. For other teenage mothers, involvement in taking care of younger brothers has been helpful. Several adolescents from vulnerable families have mentioned the support of specialists in maternity centers and family doctors and nurses within the community.

Quality of life after pregnancy

Several adolescents mentioned that the birth of the child had matured them, that they became more responsible and are more involved in household work, and a great deal of time they spend taking care of the child, which brings both exhaustion but also emotional satisfaction and attachment. Young people who became fathers mentioned that their time spent with their peers was significantly limited, on the one hand, from the need to be with the family, on the other, because they had to work harder for the family's financial insurance.

Many of the girls who became mothers at a young age have reported that they have faced labeling from family, school, medical institutions, and other members of the community. Adolescents in the rural area feel pressure from the community to change their lifestyle/clothing to "match" a mother image.

The study found that for adolescents who had a pregnancy experience before turning 18 years old, the parents' attitude and their encouragement to continue their education is very important. Family support is a key indicator in continuing/resuming adolescent studies. Some teenagers live without partners because they are working abroad. Some adolescents have said that they intended to pursue courses in order to have a certain profession when their child would get a little older and others intend to go abroad, leaving children in the care of grandparents.

Provided services

For the most part, teenagers are satisfied with the medical services they received during pregnancy and subsequently medical services provided to children. However, some situations have been reported in which medical workers have verbally or even physically abused adolescents during childbirth. Some young mothers, especially from vulnerable families, reported that they were monitored by healthcare practitioners practically daily in the first months after birth.

The study identified several situations where parents and institutions tried to intervene to prevent pregnancy from occurring in adolescents who later, however, gave birth at an early age. Typically, interventions were unilateral or single-directed (provision of contraceptives), while a complex case-based approach was required. Also, several adolescents had some unwanted pregnancies, ignoring protection after the first pregnancy. This shows that the current system of intervention in teenage contraception is ineffective and highly based on human factors of personal, religious, and cultural beliefs that affect the effectiveness of reproductive health programs in adolescents.

Many of the interviewed young mothers mentioned that they are facing financial difficulties in providing the minimum necessary care for children. They benefit from the help of the relatives and/or the community where they live and, as the case may be, they receive the support of the maternal centers.

Expert recommendations

The majority of specialists noted the need for young people's complex and continuous information on sexual and reproductive health education, with the involvement of all actors: family, school/teachers, health professionals, social workers, priests, etc. A joint approach is required so that the information received from different sources convey the same message. It is best to inform young people in schools, beginning with the gymnasium, by inviting specialists from outside the community. Several specialists have also noted the need to focus on preventing pregnancy among adolescents, by keeping track of and monitoring young people in vulnerable families starting with the first signs of puberty.

RECOMMENDATIONS

on the prevention and management of pregnancy in adolescents

Pregnancy prevention

Most recommendations on uncovered needs for prevention of unplanned pregnancy that emerge from this study are reflected as specific objectives in the National Program on Sexual and Reproductive Health and Rights for the years 2018-2022 adopted by Government Decision no. 681 of 11.07.2018². The implementation of all included objectives and activities, especially those relevant for adolescents according to the responsibilities that have been set out, would prevent unplanned pregnancies and ensure the right to information and access to quality services. Priority (1) to ensure access to a full range of reproductive and sexual health services, in particular to reduce the unmet needs of modern methods of contraception, (2) to ensure the quality of services, and (3) to increase the level of education on sexual and reproductive rights in minors are those interventions that could prevent unplanned pregnancies in adolescents.

At the same time, qualitative research shows that in addition to activities related strictly to the prevention of pregnancy from the perspective of sexual-reproductive health, complex, multilateral and lasting interventions are needed, with the involvement of several actors at the level of education, social and medical communities in order to change the social stereotypes and increase the general education level of adolescents regarding their role in society, enhance the capacity the responsibility to independently manage their life and relationships, empowering adolescents to exercise their rights, to change social perceptions of victimizing the victim and absolving of the responsibility of the older boys and men involved in these situations.

Some specific opportunities for achieving these goals are the following:

1. Formulation of messages and a consistent voice by all actors involved in sexual and reproductive health education, from the point of view of sexual-reproductive rights and in accordance with the commitments of the national policy in the field of sexual and reproductive health, and not on personal opinions and beliefs of service providers or teachers.

² Government of the Republic of Moldova. Government Decision no. 681 of 11.07.2018 for the approval of the National Program on Sexual and Reproductive Health and Rights for the years 2018-2022. Official Monitor Nr. 358-364 art No: 951 of 21.09.2018

2. Implementation of a compulsory minimum curriculum on sexual and reproductive health education in schools especially in the rural localities, with their initiation in the high school, preferably starting with year 5 and during all the years of study. The compulsory classes must necessarily make emphasis on personal development, namely the formation of a healthy and neutral attitude for sexual-reproductive health, the formation of values, the capacity for developing relationships, self-respect, the ability to negotiate, empowering with proactive attitudes towards one's own health.
3. Priority training of rural teachers to discuss issues related to sexual and reproductive health education with students.
4. Involvement of YFHC specialists in schools for carrying out sexual and reproductive education activities with mandatory minimum frequency in all localities in the rayon.
5. Parents' training to discuss issues related to sexuality, reproduction, contraception, etc. (examples: minimum one thematic session with parents per year on the subject).
6. Continuous involvement of school psychologists in the assessment of pupils in order to detect and prevent emotional vulnerability and risk behavior for early pregnancy in teenagers.
7. Ensure anonymous access to modern contraception methods, for example by diversifying the access points to condoms, better coverage with modern methods of contraception for adolescents.
8. Work to change the attitude of medical and community providers on the importance of providing young people with contraception.
9. Lobby and advocacy activities on the need and acceptance of the sexual and reproductive health education curriculum among teachers, priests, general population.

Interventions in case of pregnancy

The authors of the study have formulated a series of interventions, in addition to those included in the national program, which concerns the provision of information and the rights of access.

1. At the compulsory program level, the teaching of pregnancy signs must be included in the priority modules along with the steps to be taken in case of unwanted pregnancy and services that are available in the community or other localities, as well as provision of a precise list of contacts they can be referred to in order to empower young people to know the options and importance of early addressing the pregnancy situation.
2. Training the service providers regarding the necessity of offering the abortion option as part of the counseling of the young woman, without imposing personal beliefs on the existing options.
3. The study has attested a blaming attitude of community, parents, school regarding the teenage pregnancies, condemning young girls for the consequences of unprotected sex debut. Given the fact that state policies are geared towards ensuring the rights to information and access to sexual and reproductive health services, it is advisable to intervene to change the attitudes at the community level. This change in behavior is also necessary in the case of sexual violence when the victim is the target of community disregard, and the aggressor is relieved of responsibility or community blame. It is recommended that these interventions be planned for the long term.
4. In several interviews, both teen girls and boys mentioned the importance of parents 'and guardians' attitude and support in determining them to continuing their education. Family support during pregnancy can be prioritized as an important point of intervention for a pregnancy. It is recommended to include counseling for parents of young people and young girls who go through unplanned pregnancy.
5. Interventions are needed at both family and school level to ensure the opportunity for adolescents who care for children to continue and complete their studies.
6. It is important to prioritize the provision of counseling, information, and access to modern post-natal or post-abortion methods of contraception to prevent or plan the next pregnancy.



Delivering a world where every pregnancy is wanted, every childbirth is safe and every young person's potential is fulfilled

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